FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6011597 03/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRFFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY S 000 Initial Comments S 000 First Probationary Licensure Survey S9999 Final Observations S9999 Lincensure Violation 1 of 3 300.1210 b)4) Section 300.1210 b)4) b) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe dress, and groom; transfer and ambulate; toilet: eat; and use speech, language, or other functional communication systems. A resident Attachment A

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

who is unable to carry out activities of daily living

shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.

This requirement was not met as evidenced by:

Electronically Signed

TITLE

Statement of Licensure Violations

(X6) DATE 03/20/19

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Illinois Department of Public Health

CNA's are working "today" so she can get

PRINTED: 03/27/2019

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Illinois Department of Public Health

better for them. V7 stated that R6 just "doesn't get along with (V10)" and that most staff are

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accordance with Section 300,1810. All such

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2)

7)

Health-Care Settings

Health Care Personnel

Guideline for Hand Hygiene in

Guidelines for Infection Control in

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING _ IL6011597 03/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 These requirements were not met as evidenced Based on observation, interview, and record review, facility staff failed to change gloves. during incontinence care, for 2 residents of 5 residents, reviewed for infection control, in a total sample of 6 and the facility failed to sanitize the glucometer between/after three residents (R7. R8, R9) of three residents reviewed for blood sugar monitoring. Findings include: Facility policy, entitled "Standard Precautions". Revised 01/2014, document, "Change gloves, as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a "dirty" site to a "clean" one)." 1. On 3/5/2019, at 9:55 a.m., During R4's incontinence care, V4/CNA cleaned R4's Perineal area, rolled R4 to R4's right side, cleaned R4's bowel movement (stool). Without changing gloves V4 placed a new incontinence brief under R4, secured the brief, pulled up R4's pants. secured R4's hook and loop fasteners on R4's shirt, and adjusted the mechanical lift pad that was under R4. On 3/5/2019, at 10:00 a.m., V4 confirmed not changing gloves before going from "dirty" to "clean" during R4's incontinence care. 2. On 3/5/19 at 1:40 P.M., During R1's peri care, V6/ CNA cleansed R1's Perineal area, then left the bedside to enter the shared bathroom and

Illinois Department of Public Health

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top of medication cart.

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Illinois Department of Public Health